



# **Kansas Medical Assistance Program: Fee-For-Service Program Assessment State Fiscal Year 2018**

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## Table of Contents

<b>Introduction.....</b>	<b>1</b>
<b>Claims Totals.....</b>	<b>1</b>
Overall Program Totals.....	2
TXIX Program Totals .....	3
ADAPD Program Totals.....	3
MKN Program Totals .....	4
Share of FFS Claims and Claims Cost .....	5
Comparison of Share of FFS Claims and Claims Cost Post-KanCare.....	6
<b>Drug Classification Reporting .....</b>	<b>7</b>
FFS Top Therapeutic Drug Classes.....	8
ADAPD Top Therapeutic Drug Classes .....	10
TXIX Top Therapeutic Drug Classes .....	11
MKN Top Therapeutic Drug Classes .....	12
Trend Summary Analysis .....	13
Cost per Claim per User Trend Summary .....	13
<b>Conclusion .....</b>	<b>14</b>
<b>Appendix A – Drugs by Class .....</b>	<b>15</b>

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## List of Tables and Figures

Table 1: FFS Program Summary for SFY 2018 Compared to SFY 2017, SFY 2016, and SFY 2015 .....	1
Table 2: Top 20 FFS Therapeutic Drug Classes Based on Number of Claims .....	8
Table 3: Top 20 FFS Therapeutic Drug Classes Based on Claims Cost .....	9
Table 4: Top 5 ADAPD Therapeutic Drug Classes Based on Number of Claims .....	10
Table 5: Top 5 ADAPD Therapeutic Drug Classes Based on Claims Cost .....	10
Table 6: Top 5 TXIX Therapeutic Drug Classes Based on Number of Claims .....	11
Table 7: Top 5 TXIX Therapeutic Drug Classes Based on Claims Cost .....	11
Table 8: Top 5 MKN Therapeutic Drug Classes Based on Number of Claims .....	12
Table 9: Top 5 MKN Therapeutic Drug Classes Based on Claims Cost .....	12
Table 10: Past Years' Totals .....	14
Figure 1: All FFS Users, Claims, and Claims Cost per Month for SFY 2018.....	2
Figure 2: TXIX Users, Claims, and Claims Cost per Month for SFY 2018 .....	3
Figure 3: ADAPD Users, Claims, and Claims Cost per Month for SFY 2018.....	3
Figure 4: MKN Users, Claims, and Claims Cost per Month for SFY 2018 .....	4
Figure 5: ADAPD, TXIX, and MKN Share of SFY 2018 FFS Claims .....	5
Figure 6: ADAPD, TXIX, and MKN Share of SFY 2018 FFS Claims Cost .....	5
Figure 7: ADAPD, TXIX, and MKN Share of FFS Claims for SFY 2015 versus SFY 2016 versus SFY 2017 versus SFY 2018.....	6
Figure 8: ADAPD, TXIX, and MKN Share of FFS Claims Cost for SFY 2015 versus SFY 2016 versus SFY 2017 versus SFY 2018.....	6
Figure 9: Cost per Claim and Cost per User .....	13

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## Introduction

This *Program Assessment* report prepared for the Kansas Medical Assistance Program (KMAP) provides analysis of trends in drug utilization for KMAP in State Fiscal Year (SFY) 2018. Included in the analysis are the overall drug claims and expenditures as well as claims and expenditures broken down by program type and therapeutic drug class.

This goal of this analysis is to identify where changes in utilization and expenditures occurred during SFY 2018 to help KMAP identify areas in which fee-for-service (FFS) management and interventions may be useful. However, trending this data has become challenging since the implementation of KanCare, due to a host of factors such as the small FFS population, high variability between FFS coverage plans, and 340B pricing and third-party payer payments which lowers actual cost. As such, this report focuses on the variable cost per claim per user to provide an overview of costs within the plans.

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## Claims Totals

SFY 2018 includes FFS beneficiaries enrolled in the AIDS Drug Assistance Program (ADAPD), MediKan (MKN), and Title 19 Medicaid (TXIX).

**Table 1** contains the FFS summary of totals for SFY 2018 (July 1, 2017–June 30, 2018) compared to SFY 2017, SFY 2016 and SFY 2015.

	SFY 2018	SFY 2017	SFY 2016	SFY 2015
Total Expenditures	\$12,992,968	\$10,391,867	\$8,096,516	\$9,911,032
Total Claims	57,611	52,518	45,358	47,098
Total Members	34,505	19,098	33,464	11,193
Total Users	2,827	2,842	1,729	2,428
Cost Per Member	\$377	\$544	\$242	\$886
Cost Per User	\$4,596	\$3,657	\$4,682	\$4,082
Cost Per Claim	\$225	\$198	\$178	\$210

**Table 1: FFS Program Summary for SFY 2018 Compared to SFY 2017, SFY 2016, and SFY 2015**

For dates of service from July 1, 2017 through June 30, 2018 (SFY 2018), KMAP paid over 50,000 prescription claims for FFS members and over \$12 million (rebates not included for TXIX and ADAPD) to retail pharmacies for KMAP prescriptions. Compared to SFY 2017, there was a 25% increase in total expenditures and 9.7% increase in total claims, while total users decreased <1%. The cost per claim increased by \$27 per claim (14%).

## Overall Program Totals

Several member eligibility types remain in FFS. The three main types with pharmacy coverage include Title 19 (TXIX), MediKan (MKN), and AIDS Drug Assistance Program (ADAPD).

### FFS Program Types

**TXIX**, or Medicaid, is the health insurance program that helps low income people pay for health services including preventative, primary, and acute health services for individuals, children, and families.

**Note: Most TXIX beneficiaries are assigned to one of the KanCare (KC) MCOs, but specific system-designed logic exists that will exclude a beneficiary from being assigned to an MCO completely or for a particular time period. Exclusions are typically related to the type of eligibility, living arrangement type, or timing of retroactive eligibility.**

**MKN** is the state-funded health insurance program for adults 18 years or older and covers fewer services than Medicaid.

**ADAPD** is the program that covers the cost of medications dispensed by a retail pharmacy for those enrolled individuals who have AIDS or are HIV positive.

Figure 1 shows the number of users, claims, and claims cost for all of FFS by month for SFY 2018.

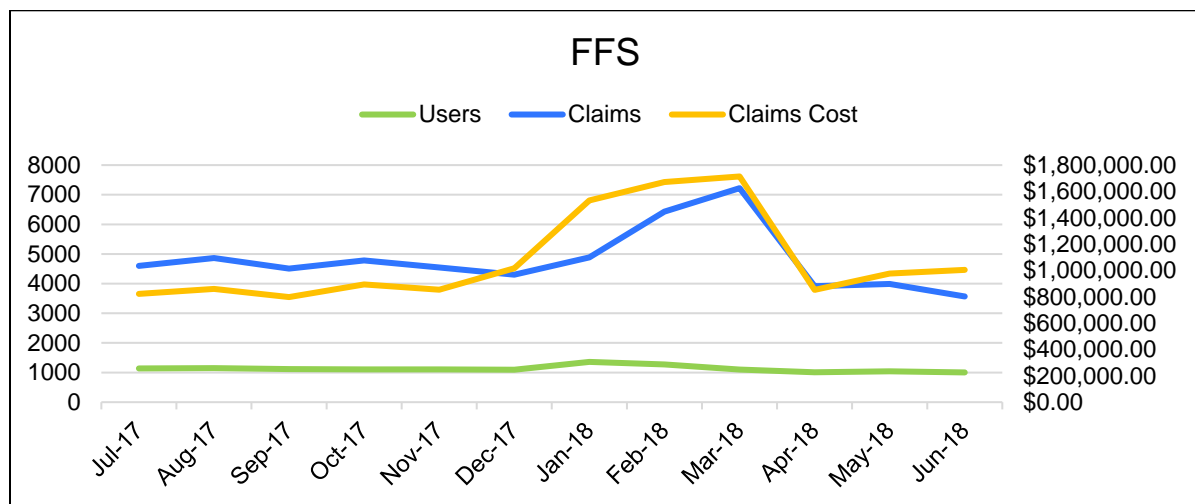
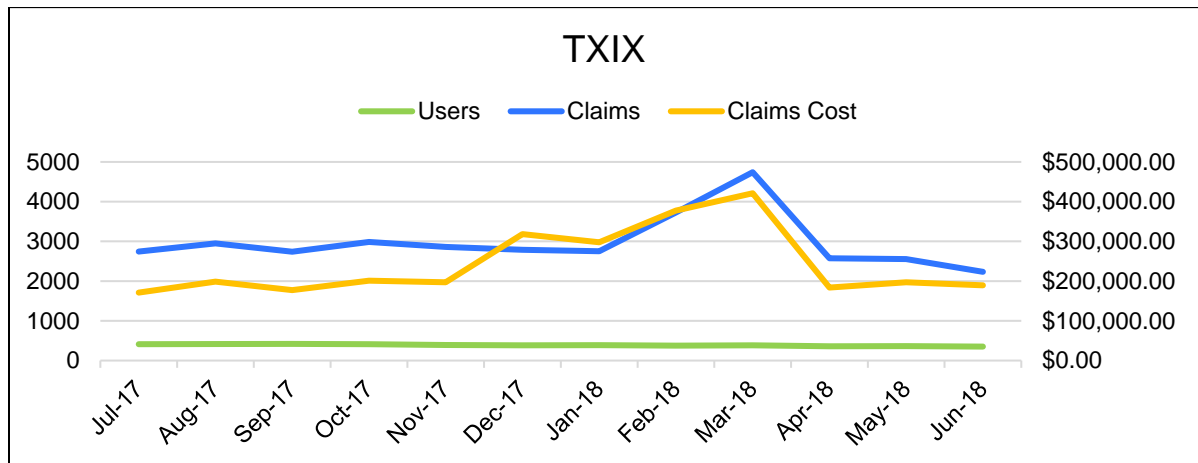


Figure 1: All FFS Users, Claims, and Claims Cost per Month for SFY 2018

In SFY 2018, claims cost per month had increased starting December 2017. There was marked variability in claims cost, with a spike in January 2018. A review of claims data identified multiple high cost medication fills during this time (elaborated further in data overviews on the following pages). Claims cost elevations are also likely attributable to a ripple effect from increased number of claims during this time of year, which appears to be a trend in the data each year.

## TXIX Program Totals

**Figure 2** shows the number of users, claims, and claims cost for TXIX by month for SFY 2018.

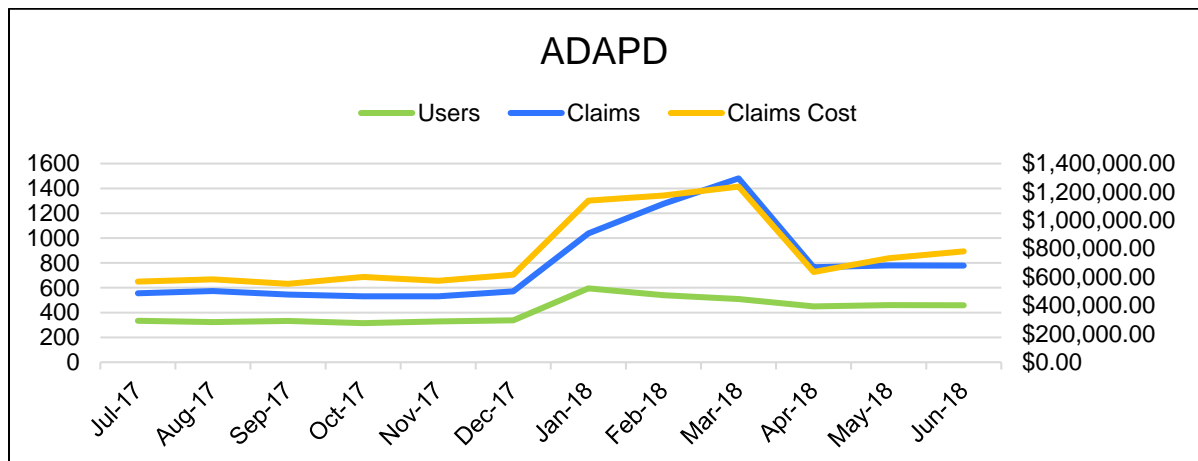


**Figure 2: TXIX Users, Claims, and Claims Cost per Month for SFY 2018**

For TXIX, the number of claims remained fairly steady during the SFY 2018 apart from an increase in February 2018 and a spike to nearly 5,000 claims in March 2018. Claims cost spiked in December 2017 through April 2018, largely attributed antihemophilic products including 1 claim at a cost of \$~140,000 in December and January, followed by 2 claims in February and March for a cost of \$~120,000 and \$~80,000 respectively. While the claims cost spike seen is largely caused by these high-cost claims, even when the costs of these drugs are not included, the average cost per claim during SFY 2018 continued to trend upward by ~\$15 per claim by the end of SFY 2018.

## ADAPD Program Totals

**Figure 3** shows the number of users, claims, and claims cost for ADAPD by month for SFY 2018.

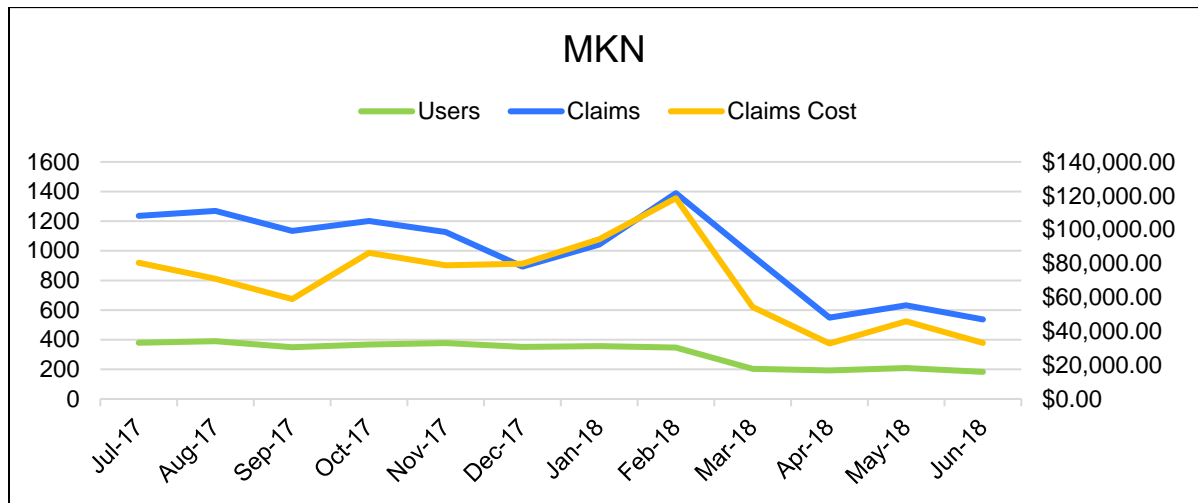


**Figure 3: ADAPD Users, Claims, and Claims Cost per Month for SFY 2018**

The number of users, claims, and claims cost were variable overall during SFY 2018. There was a sharp change in January 2018, when users, claims and claims cost increased dramatically.

## MKN Program Totals

**Figure 4** shows the number of users, claims, and claims cost for MKN by month for SFY 2018.

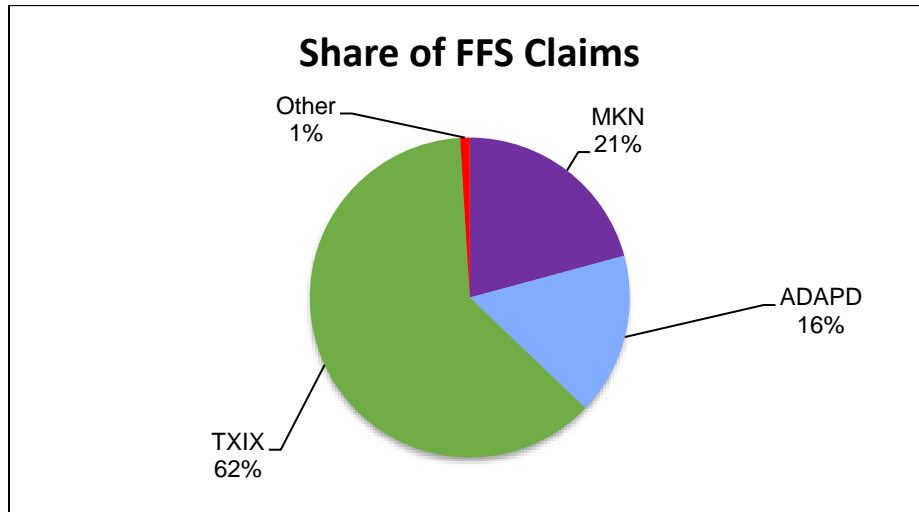


**Figure 4: MKN Users, Claims, and Claims Cost per Month for SFY 2018**

The number of users steadily declined during SFY 2018, but number of claims trended up during January and February of 2018, and claims cost spiked in October 2017 and did not fall to levels correlating to users and claims until March 2018. Based on claims data, the spike from \$59,027 in September to \$86,324 in October 2017 is partially attributed to ~\$16,000 in costs for Cuvitru. Claims costs remaining high from November 2017 through February 2018 is due to both a rise in number of claims as well as fills for high cost medications during this time. During this period, just 20 total claims (0.45% of claims during this time) accounted for an average cost of ~\$23,000 per month for Cuvitru, Zinbryta, and Cubacin, which was 24.75% of the average claims cost per month during this period.

## Share of FFS Claims and Claims Cost

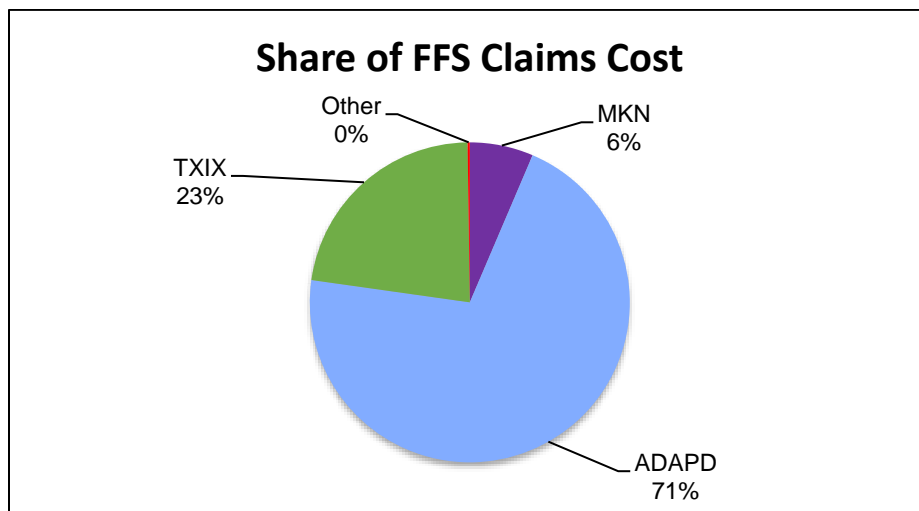
**Figure 5** shows the share of FFS claims for ADAPD, TXIX, and MKN for SFY 2018.



**Figure 5: ADAPD, TXIX, and MKN Share of SFY 2018 FFS Claims**

During SFY 2018, the TXIX program had 35,653 claims, which accounted for 62% of the 57,611 FFS claims paid. The MKN program accounted for 21%. The ADAPD program accounted for 16%. The remaining 1% of FFS claims come from other coverage plans in the FFS population.

**Figure 6** shows the share of FFS claims cost for ADAPD, TXIX, and MKN for SFY 2018.



**Figure 6: ADAPD, TXIX, and MKN Share of SFY 2018 FFS Claims Cost**

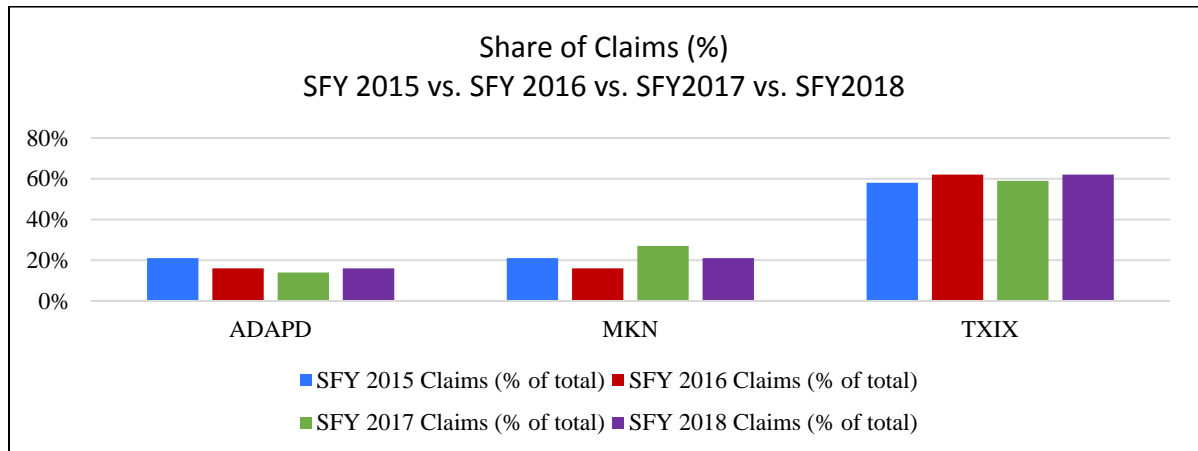
While the ADAPD program only accounted for 16% of the claims paid for FFS, it accounted for 71% of the total claims cost. During SFY 2018, over \$12 million was paid for FFS claims, with over \$9 million going toward ADAPD claims. The TXIX program accounted for 62% of the FFS claims paid but only 23% of the claims cost during SFY 2018. The MKN program accounted for 21% of the FFS claims and 6% of the claims cost during SFY 2018. The remaining (<1%) of FFS claims costs come from other coverage plans in the FFS population.



## Comparison of Share of FFS Claims and Claims Cost Post-KanCare

Below are graphical representations of share of claims and claims cost for the three main FFS programs from SFY 2015 through SFY 2018.

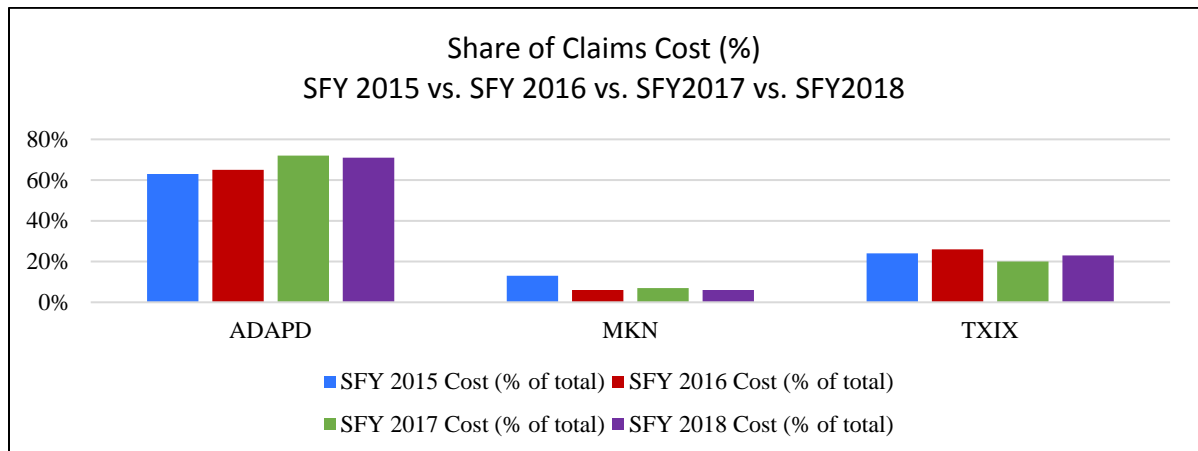
**Figure 7** shows the share of FFS claims for ADAPD, TXIX, and MKN for SFY 2015, SFY 2016, SFY 2017, and SFY 2018.



**Figure 7: ADAPD, TXIX, and MKN Share of FFS Claims for SFY 2015 versus SFY 2016 versus SFY 2017 versus SFY 2018**

The TXIX program continues to provide the highest number and percentage of claims for the FFS program. ADAPD claims increased slightly, while MKN claims decreased 22% compared to SFY 2017.

**Figure 8** shows the share of claims cost of FFS claims for ADAPD, TXIX, and MKN for SFY 2015, SFY 2016, SFY 2017, and SFY 2018.



**Figure 8: ADAPD, TXIX, and MKN Share of FFS Claims Cost for SFY 2015 versus SFY 2016 versus SFY 2017 versus SFY 2018**

The ADAPD program continues to provide the highest percentage of claims cost for the FFS program. MKN and TXIX percentage of claims cost remain consistent from prior SFYs, with only small variations occurring.

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## Drug Classification Reporting

It is important not only to report the number of beneficiaries, number of claims, and claims cost by yearly and monthly totals but also to look at trends by therapeutic drug classes.

Therapeutic drug class reporting is based on the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification third hierarchy level. An example of the AHFS classification (for Central Nervous System Agents) is shown below. Reporting is done at the third hierarchy level (antipsychotics are provided as an example in the table below).

AHFS Pharmacologic-Therapeutic Classification Hierarchy Example	
28:00	Central Nervous System Agents
28:16	Psychotherapeutic Agents
28:16.08	Antipsychotics*
28:16.08.04	Atypical Antipsychotics
28:16.08.08	Butyrophenones
28:16.08.24	Phenothiazines
28:16.08.32	Thioxanthenes
28:16.08.92	Antipsychotics, Miscellaneous

\*Therapeutic classes are reported at this level.

The number of claims and share of claims for the overall FFS population, as well as the sub-groups, are shown to identify differences in the programs. Likewise, the claims cost and share of claims cost for the different programs are shown to identify differences in program spend.

## FFS Top Therapeutic Drug Classes

**Table 2** reports the top 20 therapeutic drug classes by number of claims for the entire FFS population. See [Appendix A](#) for a list of drugs with utilization in SFY 2018 included in each class. The number of claims used to calculate the share of claims was 57,611.

AHFS Therapeutic Class	Claims	Share of Total Claims (%)	Beneficiaries	Cost/Claim
ANTIRETROVIRALS	8,106	14.07%	1,010	\$1,122
ANTIPSYCHOTIC AGENTS	6,136	10.65%	543	\$246
ANTIDEPRESSANTS	5,136	8.91%	790	\$15
CATHARTICS AND LAXATIVES	4,412	7.66%	267	\$14
ANTICONVULSANTS, MISCELLANEOUS	4,039	7.01%	425	\$33
SECOND GENERATION ANTIHISTAMINES	3,106	5.39%	240	\$12
HMG-COA REDUCTASE INHIBITORS	1,282	2.23%	282	\$12
THYROID AGENTS	1,197	2.08%	165	\$18
ANTICHOLINERGIC AGENTS (CNS)	1,182	2.05%	108	\$16
BETA-ADRENERGIC BLOCKING AGENTS	1,176	2.04%	277	\$13
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	1,176	2.04%	332	\$11
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS	1,059	1.84%	274	\$9
BIGUANIDES	863	1.50%	165	\$10
INSULINS	846	1.47%	115	\$382
PROTON-PUMP INHIBITORS	828	1.44%	80	\$13
BENZODIAZEPINES (ANTICONVULSANTS)	806	1.40%	139	\$110
OPIATE AGONISTS	636	1.10%	111	\$31
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	582	1.01%	119	\$14
LOOP DIURETICS	577	1.00%	111	\$12
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)	561	0.97%	152	\$16

**Table 2: Top 20 FFS Therapeutic Drug Classes Based on Number of Claims**

Antiretrovirals made up the highest utilized drug class for the entire FFS population with 14.07% of all FFS claims, followed by antipsychotic agents with 10.65% of all FFS claims.

Antipsychotic utilization and expenditures remained steady throughout SFY 2018. Historically, antipsychotic agents have made up a large portion of the FFS expenditures and utilization. Compared to SFY 2017, the top three classes remained the same based on number of claims. Antifungals and loop diuretics are new to the list for the current fiscal year.

**Table 3** reports the top 20 therapeutic drug classes by claims cost for the entire FFS population. The claims cost used to calculate the share of claims cost was \$12,992,968.

AHFS Therapeutic Class	Claims Cost	Share of Total Claims Cost (%)	Beneficiaries	Cost/Claim
ANTIRETROVIRALS	\$9,096,995	70.01%	1,010	\$1,122
ANTIPSYCHOTIC AGENTS	\$1,508,508	11.61%	543	\$246
HEMOSTATICS	\$488,648	3.76%	1	\$54,294
INSULINS	\$322,930	2.49%	115	\$382
ANTIMALARIALS	\$142,557	1.10%	16	\$3,240
ANTICONVULSANTS, MISCELLANEOUS	\$133,963	1.03%	425	\$33
CORTICOSTEROIDS (RESPIRATORY TRACT)	\$114,432	0.88%	71	\$333
BENZODIAZEPINES (ANTICONVULSANTS)	\$88,837	0.68%	139	\$110
ANTIDEPRESSANTS	\$74,803	0.58%	790	\$15
ANTIMUSCARINICS/ANTISPASMODICS	\$73,388	0.56%	73	\$186
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	\$63,304	0.49%	1	\$4,522
CATHARTICS AND LAXATIVES	\$61,303	0.47%	267	\$14
ANTITOXINS AND IMMUNE GLOBULINS	\$57,037	0.44%	1	\$4,074
IMMUNOMODULATORY AGENTS	\$42,910	0.33%	3	\$7,152
ANTIBACTERIALS, MISCELLANEOUS	\$38,554	0.30%	82	\$279
SECOND GENERATION ANTIHISTAMINES	\$36,270	0.28%	240	\$12
BETA-ADRENERGIC AGONISTS	\$28,242	0.22%	189	\$61
ANTICOAGULANTS	\$27,300	0.21%	38	\$184
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	\$23,391	0.18%	7	\$477
THYROID AGENTS	\$21,489	0.17%	165	\$18

**Table 3: Top 20 FFS Therapeutic Drug Classes Based on Claims Cost**

Antiretrovirals made up the drug class with the highest cost for the entire FFS population with 70.01% of all FFS claims cost, followed by antipsychotic agents with 11.61% of all FFS claims cost.

New therapies on this list are hemostatics, antitoxins and immune globulins, miscellaneous antibacterials, second generation antihistamines, and thyroid agents.

## ADAPD Top Therapeutic Drug Classes

**Table 4** reports the top five therapeutic drug classes by number of claims for the ADAPD population based on number of claims for SFY 2018. The number of claims used to calculate the share of claims was 9,425.

AHFS Therapeutic Class	Claims	Share of Total ADAPD Claims (%)	Beneficiaries	Cost/Claim
ANTIRETROVIRALS	8,012	85.01%	1,001	\$1,119
SULFONAMIDES (SYSTEMIC)	382	4.05%	101	\$24
MACROLIDES	212	2.25%	79	\$24
NUCLEOSIDES AND NUCLEOTIDES	161	1.71%	47	\$99
ANTIDEPRESSANTS	125	1.33%	42	\$13

**Table 4: Top 5 ADAPD Therapeutic Drug Classes Based on Number of Claims**

The top 5 AHFS classes by claims remained the same as it was in SFY 2017, which is to be expected based on the patient population.

**Table 5** reports the top five therapeutic drug classes by claims cost for the ADAPD population. The claims cost used to calculate the share of claims cost was \$9,199,877.

AHFS Therapeutic Class	Claims Cost	Share of Total ADAPD Claims Cost (%)	Beneficiaries	Cost/Claim
ANTIRETROVIRALS	\$8,965,450	97.45%	1,001	\$8,956
ANTIMALARIALS	\$141,766	1.54%	4	\$35,441
AZOLE ANTIFUNGALS	\$16,496	0.18%	39	\$423
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS	\$15,913	0.17%	47	\$339
ANTIPROTOZOALS, MISCELLANEOUS	\$15,486	0.17%	10	\$1,549

**Table 5: Top 5 ADAPD Therapeutic Drug Classes Based on Claims Cost**

Overall, 4 of the top 5 AHFS classes by claims cost remained the same as in SFY 2017, with antiprotazoals being new to the top 5 (replacing antiemetics). Antiretrovirals rank as the top utilized and most expensive drug class for ADAPD. Antiretrovirals made up 97.45% of the total claims cost and 85.01% of the total claims for the ADAPD. As for expenditures for ADAPD, antimalarials were the second most expensive therapy per claim after antiretrovirals for the top five drug classes based on claims cost.

## TXIX Top Therapeutic Drug Classes

**Table 6** reports the top five therapeutic drug classes by number of claims for the TXIX population based on number of claims for SFY 2018. The number of claims used to calculate the share of claims was 35,653.

AHFS Therapeutic Class	Claims	Share of Total TXIX Claims (%)	Beneficiaries	Cost/Claim
ANTIPSYCHOTIC AGENTS	4,789	13.43%	215	\$255
CATHARTICS AND LAXATIVES	4,357	12.22%	256	\$14
ANTICONVULSANTS, MISCELLANEOUS	3,133	8.79%	164	\$37
SECOND GENERATION ANTIHISTAMINES	3,084	8.65%	234	\$12
ANTIDEPRESSANTS	2,329	6.53%	200	\$18

**Table 6: Top 5 TXIX Therapeutic Drug Classes Based on Number of Claims**

The top 5 AHFS classes by claims remained the same as it was in SFY 2017.

**Table 7** reports the top five therapeutic drug classes by claims cost for the TXIX population. The claims cost used to calculate the share of claims cost was \$2,929,942.

AHFS Therapeutic Class	Claims Cost	Share of Total TXIX Claims Cost (%)	Beneficiaries	Cost/Claim
ANTIPSYCHOTIC AGENTS	\$1,219,019	41.61%	215	\$5,670
HEMOSTATICS	\$488,648	16.68%	1	\$488,648
INSULINS	\$145,193	4.96%	38	\$3,821
ANTICONVULSANTS, MISCELLANEOUS	\$115,753	3.95%	164	\$706
ANTIRETROVIRALS	\$100,116	3.42%	16	\$6,257

**Table 7: Top 5 TXIX Therapeutic Drug Classes Based on Claims Cost**

Overall, 4 of the top 5 AHFS classes by claims cost remained the same as in SFY 2017. For the TXIX program, antipsychotic agents made up 13.43% of claims and 41.61% of the claims cost. Historically, antipsychotic agents have always made up a large portion of drug expenditures. The hemostatics class is new to this list (replacing respiratory corticosteroids), but its presence is not unexpected due to the high cost of these medications.

## MKN Top Therapeutic Drug Classes

**Table 8** reports the top five therapeutic drug classes by number of claims for the MKN population based on number of claims for SFY 2018. The number of claims used to calculate the share of claims was 11,977.

AHFS Therapeutic Class	Claims	Share of Total MKN Claims (%)	Beneficiaries	Cost/Claim
ANTIDEPRESSANTS	2,650	22.13%	551	\$12
ANTIPSYCHOTIC AGENTS	1,339	11.18%	329	\$216
ANTICONVULSANTS, MISCELLANEOUS	893	7.46%	262	\$20
BETA-ADRENERGIC BLOCKING AGENTS	524	4.38%	203	\$12
HMG-COA REDUCTASE INHIBITORS	524	4.38%	199	\$12

**Table 8: Top 5 MKN Therapeutic Drug Classes Based on Number of Claims**

Antidepressant agents made up the highest number of claims at 22.13%, followed by antipsychotic agents at 11.18% of claims. Four of the top 5 AHFS classes on this list remained the same as in SFY 2017, with beta-blockers replacing angiotensin-converting enzyme inhibitors.

**Table 9** reports the top five therapeutic drug classes by claims cost for the MKN population. The claims cost used to calculate the share of claims cost was \$834,541.

AHFS Therapeutic Class	Claims Cost	Share of Total MKN Claims Cost (%)	Beneficiaries	Cost/Claim
ANTIPSYCHOTIC AGENTS	\$289,356	34.67%	329	\$880
INSULINS	\$177,259	21.24%	79	\$2,244
ANTITOXINS AND IMMUNE GLOBULINS	\$57,037	6.83%	1	\$57,037
IMMUNOMODULATORY AGENTS	\$42,910	5.14%	3	\$14,303
ANTIBACTERIALS, MISCELLANEOUS	\$36,282	4.35%	42	\$864

**Table 9: Top 5 MKN Therapeutic Drug Classes Based on Claims Cost**

Antipsychotic agents accounted for 34.67% of the claims cost for MKN for SFY 2018. Insulins were the second most expensive agent, based on cost per claim, for all MKN claims. The antitoxins and immune globulins class is new to this list due to the high claims cost (highest cost/claim of SFY 2017 was \$6,740). Also notable is the average cost per claim for medications in the immunomodulatory agents class increased by \$7,563 (~212%) compared to SFY 2017.

## Trend Summary Analysis

Trending of FFS data over the past several years has become challenging due to the implementation of KanCare. On January 1, 2013, the majority of FFS members were transitioned to KanCare and enrolled in one of three managed care organizations (MCOs). The remaining FFS population has ADAPD, MKN or TXIX coverage. These three coverage plans cannot be compared to one another due to the limited and targeted prescription drug coverage for ADAPD and MKN versus a more broad coverage for TXIX. Other factors that impact trending for this smaller FFS population includes 340B pricing and third-party payer payments which lowers actual cost.

In prior SFYs, cost savings could be directly seen by emergence of FDA-approved generically equivalent formulations of highly-utilized, costly medications (i.e., nevirapine in SFY14 and aripiprazole in SFY15 and SFY16). Like SFY17, SFY18 focuses on the variable cost per claim per user.

### Cost per Claim per User Trend Summary

Since the transition to KanCare, cost per user and cost per claim have been variable throughout the FFS population. Below is a figure showing average claims and cost.

Figure 9 shows cost per claim compared to the cost per user.

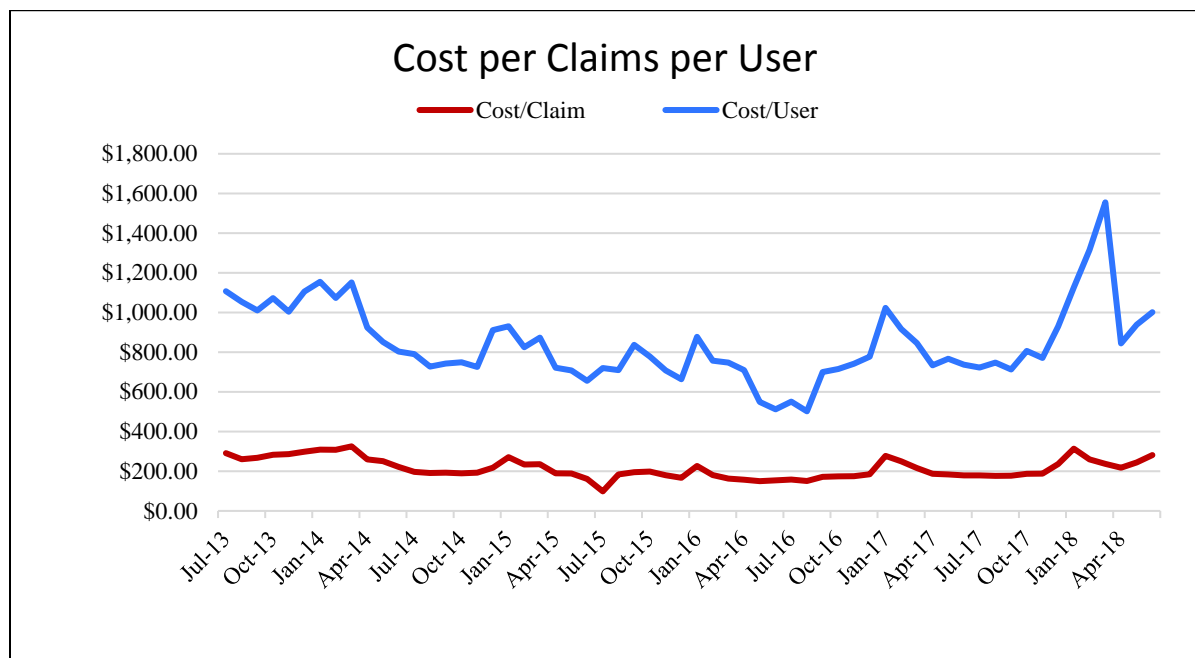


Figure 9: Cost per Claim and Cost per User

Claims, users, and claims cost invariably increase at the beginning of each calendar year (January). A downward shift is seen throughout the rest of the year. The average cost per claim began to trend up starting in SFY 2017 and has continued through SFY 2018. There was an overall ~25% increase in cost per user in SFY 2018 compared to SFY 2017. This increase is likely due to a combination of both increased utilization per user based on a 9.7% increase in claims processed, as well as the noted 13.6% increase in cost per claim compared to SFY 2017.



## Conclusion

During SFY 2018, overall utilization and expenditures increased for the FFS population from the previous SFY.

Between SFY 2017 and SFY 2018, the average cost per claim continued to increase. Although there was not a particular medication price increase identified for this change, there were new medications introduced into the market that accounted for increases in utilization to higher costing agents, as well as short-term use of high cost medications, most notably being the agents within the hemostatic AHFS class (the antihemophilic products Advate, Eloctate, and Hemlibra). This, as well as increased utilization of high cost agents within existing drug classes likely contributed to the overall increase in cost per claim for SFY 2018.

The average cost/claim continues to remain higher than pre-KanCare levels due to the majority of FFS claims cost being attributed to ADAPD and the program's select coverage and high-cost medications. Pre-KanCare, the majority of claims was attributed to TXIX, which covers a broad range of medications and medication costs.

**Table 10** shows the FFS claims cost, number of claims, and average cost per claim per month for the past nine years.

Period Covered	Claims Cost	Claims	Average Cost/Claim
SFY 2018	\$12,992,968	57,611	\$225.53
SFY 2017	\$10,391,867	52,518	\$197.87
SFY 2016	\$8,096,516	45,358	\$178.50
SFY 2015	\$9,911,032	47,098	\$210.43
SFY 2014	\$14,678,118	52,343	\$280.42
SFY 2013	\$90,994,439	1,110,050	\$81.97
SFY 2012	\$176,615,977	2,156,498	\$81.90
SFY 2011	\$172,298,691	2,177,286	\$79.13
SFY 2010	\$161,952,882	2,098,289	\$77.18

**Table 10: Past Years' Totals**

## Appendix A – Drugs by Class\*

### Angiotensin-Converting

#### Enzyme Inhibitors

Benazepril  
Benazepril/Hydrochlorothiazide  
Lisinopril  
Lisinopril/Hydrochlorothiazide  
Ramipril

### Antibacterials, Misc.

Clindamycin  
Daptomycin  
Vancomycin

### Anticholinergic Agents (CNS)

Benzotropine  
Trihexyphenidyl

### Anticoagulants

Apixaban  
Dabigatran  
Enoxaparin  
Heparin  
Rivaroxaban  
Warfarin

### Anticonvulsants, Misc.

Carbamazepine  
Divalproex  
Eslicarbazepine  
Gabapentin  
Lacosamide  
Lamotrigine  
Levetiracetam  
Oxcarbazepine  
Pregabalin  
Topiramate  
Valproic Acid  
Zonisamide

### Antidepressants

Amitriptyline  
Bupropion  
Citalopram  
Desvenlafaxine  
Doxepin  
Duloxetine  
Escitalopram  
Fluoxetine  
Fluvoxamine  
Imipramine  
Mirtazapine  
Nortriptyline  
Olanzapine/fluoxetine  
Paroxetine  
Sertraline  
Trazodone

Venlafaxine  
Vilazodone

### Antifungals (Skin and Mucous Membrane)

Ciclopirox  
Clotrimazole  
Clotrimazole/Betamethasone  
Ketoconazole  
Miconazole  
Nystatin  
Nystatin/Triamcinolone  
Terbinafine  
Terconazole  
Tolnaftate

### Antimalarials

Hydroxychloroquine  
Pyrimethamine

### Antimuscarinics/

#### Antispasmodics

Dicyclomine  
Glycopyrrolate  
Glycopyrrolate/Formoterol  
Ipratropium  
Ipratropium/Albuterol  
Methscopolamine  
Tiotropium

### Antipsychotic Agents

Aripiprazole  
Asenapine  
Bexiprazole  
Cariprazine  
Chlorpromazine  
Clozapine  
Fluphenazine  
Haloperidol  
Iloperidone  
Loxapine  
Lurasidone  
Olanzapine  
Paliperidone  
Perphenazine  
Quetiapine  
Risperidone  
Thioridazine  
Ziprasidone

### Antiretrovirals

Abacavir  
Abacavir/Lamivudine  
Abacavir/Dolutegravir/Lamivudine  
Abacavir/Zidovudine/Lamivudine  
Atazanavir

Atazanavir/Cobicistat  
Bictegravir/Emtricitabine/  
Tenofovir  
Darunavir  
Darunavir/Cobicistat  
Didanosine  
Dolutegravir  
Dolutegravir/Rilpivirine  
Efavirenz  
Efavirenz/Emtricitabine/Tenofovir  
Elvitegravir/Cobicistat/  
Emtricitabine/Tenofovir  
Emtricitabine  
Emtricitabine/Tenofovir  
Etravirine  
Fosamprenavir  
Lamivudine  
Lamivudine/Zidovudine  
Lopinavir/Ritonavir  
Maraviroc  
Nelfinavir  
Nevirapine  
Raltegravir  
Rilpivirine  
Ritonavir  
Tenofovir  
Tipranavir  
Zidovudine

### Antitoxins and Immune Globulins

Immune Globulin

### Benzodiazepines (Anticonvulsants)

Clobazam  
Clonazepam

### Benzodiazepines (Anxiolytic, Sedatives & Hypnotics)

Alprazolam  
Diazepam  
Lorazepam  
Temazepam

### Beta-Adrenergic Agonists

Albuterol  
Salmeterol  
Salmeterol/Fluticasone  
Formoterol/Budesonide  
Formoterol/Glycopyrrolate  
Formoterol/Mometasone

### Beta-Adrenergic Blocking Agents

Atenolol  
Bisoprolol/Hydrochlorothiazide  
Carvedilol  
Labetalol  
Metoprolol  
Nadolol  
Propranolol  
Propranolol/Hydrochlorothiazide  
Sotalol

### Biguanides

Metformin

### Cathartics and Laxatives

Bisacodyl  
Calcium Polycarbophil  
Docusate  
Lubiprostone  
Magnesium Citrate  
Magnesium Hydroxide  
Methylcellulose  
Polyethylene Glycol 3350  
Psyllium  
Sennosides  
Sennosides/Docusate

### Corticosteroids (Respiratory Tract)

Beclomethasone  
Budesonide  
Budesonide/Formoterol  
Fluticasone  
Fluticasone/Salmeterol  
Mometasone/Formoterol

### Dipeptidyl Peptidase-4 (DDP-4) Inhibitors

Saxagliptin  
Sitagliptin

### Disease-Modifying Antirheumatic Agents

Adalimumab

### Hemostatics

Antihemophilic Factor, Recombinant  
Antihemophilic Factor, Human  
Emicizumab-kxwh

### HMG-CoA Reductase Inhibitors

Atorvastatin  
Lovastatin  
Pravastatin  
Rosuvastatin  
Simvastatin

### Immunomodulatory Agents

Daclizumab  
Fingolimod  
Interferon Beta-1b

### Insulins

Insulin Aspart  
Insulin Aspart Protamine/Aspart  
Insulin Detemir  
Insulin Glargine  
Insulin Lispro  
Insulin NPH  
Insulin NPH/Regular  
Insulin Regular

### Loop Diuretics

Bumetanide  
Furosemide  
Torsemide

### Nonsteroidal Anti-Inflammatory Agents

Aspirin  
Celecoxib  
Diclofenac  
Flurbiprofen  
Ibuprofen  
Indomethacin  
Meloxicam  
Nabumetone  
Naproxen  
Sulindac

### Opiate Agonists

Codeine/Acetaminophen  
Fentanyl  
Hydrocodone/Acetaminophen  
Hydromorphone  
Methadone  
Morphine  
Oxycodone  
Oxycodone/Acetaminophen  
Tramadol

### Proton-Pump Inhibitors

Esomeprazole  
Omeprazole  
Pantoprazole

### Second Generation

#### Antihistamines

Cetirizine  
Fexofenadine  
Loratadine

#### Thyroid Agents

Levothyroxine  
Liothyronine  
Thyroid, pork

\* This list only includes agents with claims during SFY 2018.